

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

DEC 14 2018

Bayfield Co. Zoning Dept.

Permit #:

19-00017

Date:

1-4-19

Amount Paid:

\$50 Temporary 12/21/18
\$50 ATF

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Temporary Permit

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER <u>Temp</u>															
Owner's Name: <u>Jacqueline L Kelley</u>		Mailing Address: <u>5618 Pershing Blvd Kenosha WI 53144</u>		City/State/Zip: <u>242 914-2293</u>		Telephone: <u>242 914-2293</u>									
Address of Property: <u>32305 Star Route Rd</u>		City/State/Zip: <u>Bayfield WI 54814</u>		Cell Phone: <u>same</u>		Plumber Phone: <u></u>									
Contractor: <u>N/A</u>		Contractor Phone: <u></u>		Plumber: <u></u>		Plumber Phone: <u></u>									
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u></u>		Agent Mailing Address (include City/State/Zip): <u></u>		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No									
PROJECT LOCATION: <u>NW 1/4, NW 1/4</u>		Legal Description: (Use Tax Statement)		Tax ID# <u>4814</u>		Recorded Document: (Showing Ownership) <u>2017 R</u> <u>568983</u>									
Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) No.		Block(s) No.		Subdivision:	
Section <u>20</u>		Township <u>50</u>		N, Range <u>04</u>		W		Town of: <u>Bayfield</u>		Lot Size		Acreage <u>28</u>			

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <u>If yes---continue</u> →	Distance Structure is from Shoreline : <u>1015</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>If yes---continue</u> →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ <u>20K</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<u>1 Story</u>	<u>N/A</u>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<u>N/A</u>
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/> _____		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>26'</u>	Width: <u>14'</u>	Height: <u>17'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(<u>26</u> X <u>14</u>)	<u>364</u>
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jacqueline L Kelley
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 12/6/2018

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

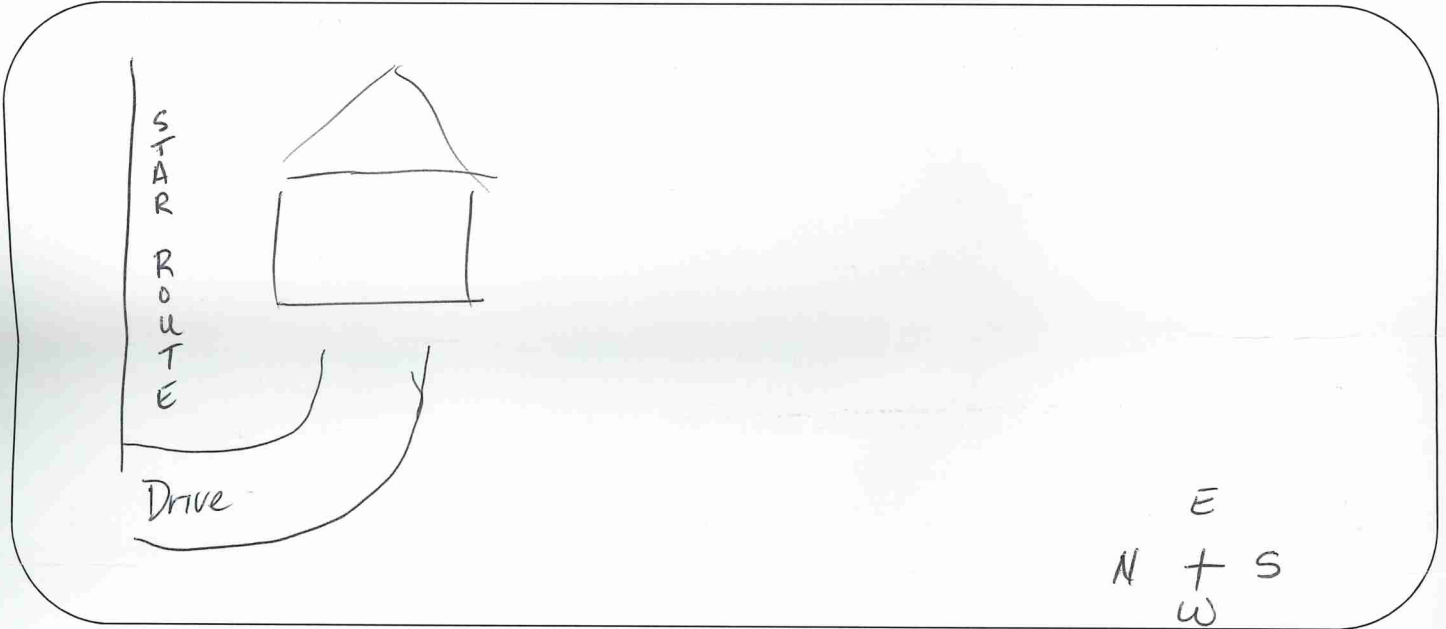
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	130'	Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	97'	Feet	Setback from the River, Stream, Creek	N/A Feet
			Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line		Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	New deeds being prepared	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line		Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line		Feet		
Setback to Septic Tank or Holding Tank	N/A	Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A	Feet		
Setback to Privy (Portable, Composting)	N/A	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 07-214 S	# of bedrooms: 3	Sanitary Date: 10/29/07
Permit Denied (Date):		Reason for Denial: Holding tank is located far west of the cabin for this permit and not situated for this cabin's use.		
Permit #: 19-0001T		Permit Date: 1-4-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Existing	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Existing cabin without permits		Zoning District (A61) Lakes Classification ()		
Date of Inspection: 1/3/19		Inspected by: Todd Norwood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) cabin must be removed or permitted as a Principal Structure within one-year of this permit being issued. Structure must not be used for human habitation unless proper permits are obtained.				
Signature of Inspector: Todd Norwood			Date of Approval: 1/3/19	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required
TEMPORARY

LAND USE – **X**
SANITARY – **07-24S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0001T** Issued To: **Jacqueline Kelley (Et Al)**

Location: **NW ¼ of NW ¼ Section 20 Township 50 N. Range 4 W. Town of Bayfield**
LESS W 208' LESS THAT PART LYING SOUTH OF PIKES BAY TRIBUTORY & LESS STATE PRESERVE

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use:** [Temporary permit allowing existing structure for a period of less than 1 year.
1 - Story, Cabin (26' x 14') = 364 sq. ft.]

Condition(s): **Cabin must be removed or permitted as a principal structure within one year of this permit being issued. Structure must not be used for human habitation unless proper permits are obtained.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

January 4, 2019

Date

**APPLICATION FOR
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED
DEC 07 2018
ENTERED

Office Use:	
Zoning District/Lakes Class	_____
Application No.	_____
Date	_____
Fee Paid	\$ 75 Land Use, \$ 135 TBA \$ 150 Sanitary, \$ 400 ATP

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner Todd Geske, Kathleen Skeie **Property Address** 32625 Star Route Road
Mailing Address 7626 Dallas Lane North **of RV placement.**
Maple Grove MN. 55311
Telephone 763-286-0959 **Agent:** _____
Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request:

Parcel in NW 1/4 of NE 1/4 of Section 20 Township 50 N. Range 4 W. Town of Bayfield
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____
Volume 1154 Page 95 of Deeds Parcel I.D. # 37291 Acreage 19.59

Additional Legal Description: _____ **ATTACH**
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☐ No ☒ If Yes, Distance from Shoreline: 75' or greater ☐ < 75' to 40' ☐ less than 40' ☐
RV: New ☒ Replacement ☐ **Year:** 2015 **Vin #:** _____
Make of RV: Airstream **Model of RV:** Flying Cloud 23 FB

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

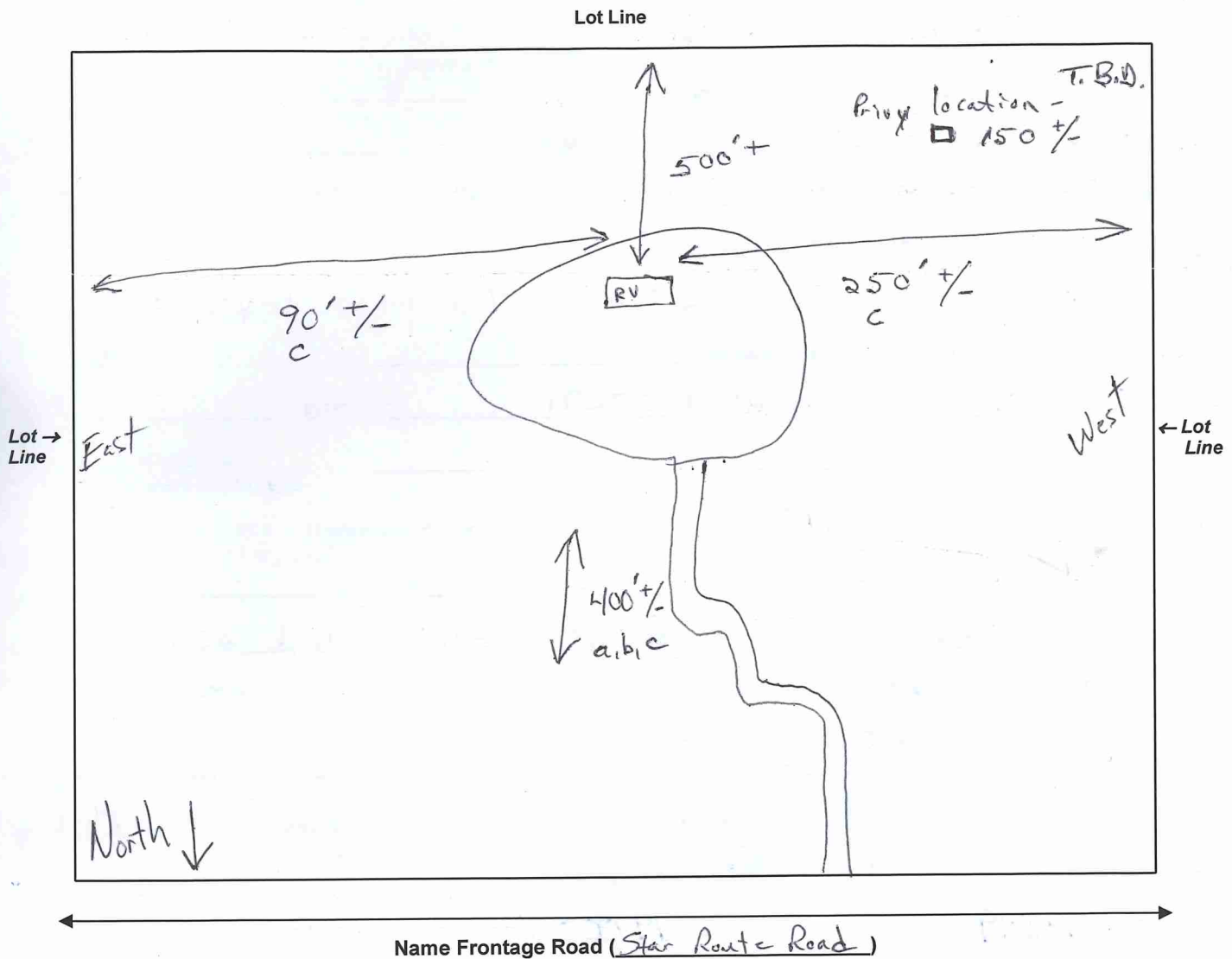
For Office Use Only		Zoning District/Lakes Class: <u>A6-1</u>
Permit Issued:	Sanitary Number _____	Date _____
Issuance Date <u>1-8-19</u>	Permit Number <u>19-0005</u>	Permit Denied (Date) _____
Reason for Denial: _____		
Inspection Record: <u>RV on property - No permit. Meets all set-backs</u>		
By <u>Rob Schierman</u> Date of Inspection <u>11/6/18</u>		
Variance (B.O.A.) # _____		
Condition: <u>RV may be placed up to 4 months from issuance date.</u> Must be removed by: _____		
Signed <u>Todd Norwood</u>		<u>1/7/19</u>
Inspector		Date of Approval

*Town plan commission review required 12 months from approval of this permit.
Further development of property requires additional permits.*

1. Use frontage road as a guideline, and indicate North (N) on plot plan
2. Show the RV (Recreation Vehicle) location
3. Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary

- a. RV from centerline of road(s)
- b. RV from right-of-way line
- c. RV from property lines
- d. RV from lake, river, stream or pond
- e. RV from Privy



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent

Lois A. Nerke

Date

11/28/2018

Address to send permit

7626 Dallas Lane North, Maple Grove MN. 55331

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE - X
SANITARY - X (Privy)
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0005**

Issued To: **Todd Geske & Kathleen Skeie**

Part of the

Location: **NW** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **20** Township **50** N. Range **4** W. Town of **Bayfield**

Gov.t Lot

Lot

Block

Subdivision

CSM#

For: **Recreational Vehicle (RV) and Privy (300 Gallon Norwesco)**

Make: **Airstream** Model #: **Flying Cloud 23 FB** Vehicle #: Year: **2015**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition: **Install and maintain privy per recorded privy agreement. Town Conditions: Plan Commission review take place twelve months (12) from the approval by Bayfield County Zoning.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

January 8, 2019

Date